

DATE: _____

Customer Profile

Attachment
NH Docket DM 05-172
Staff 4-23
VZ # 152

Person Negotiating Agreement _____

(Name of person we may contact if there are questions)

LICENSEE NAME _____ State of Incorporation _____

(legal company name in which you are registered in the state to do business)

Municipality(ies) for which contacts below apply:

(Please use multiple pages as required)

Address where <u>Legal Notices</u> are to be sent:	Address where <u>Insurance Notices</u> are to be sent:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Attention:	Attention:
Tel # E-mail address	Tel # E-mail address
Fax #	Fax #
Address where <u>Automatic License Requests</u> are to be sent:	Address where <u>Poles/ Conduit Rental Bills</u> are to be sent:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Attention:	Attention:
Tel # E-mail address	Tel # E-mail address
Fax #	Fax #
Address where <u>Transfer Notices</u> are to be sent:	<u>Person to notify in emergency</u> of damaged plant:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Tel # E-mail address	Tel # E-mail address
Fax #	Fax #

Please utilize this form to update as necessary, and send to:

This form has been completed by: _____

Telephone No.: _____

VERIZON Customer Profile Form 3 revised 10/15/03

VERIZON NE - License Administration
185 Franklin St., Room 503
Boston, MA 02110
Tel # 1 800 641-2299, Fax # 1 617 743-8785